

## EDITORIAL

# Are women equal? Considering impact of therapeutic abortion bans on science

I usually write editorials providing advice to authors and reviewers about scientific publishing. These include pieces about expanding the reach of your research, use of illustration, and promotion of inclusiveness in publishing by minoritized groups such as women, people of color, and those in resource-limited countries. Recent events in the United States prompted me to consider and discuss here the connections of reproductive health justice with diversity in science and medicine. I believe that striking down *Roe v Wade* in the United States will negatively impact the future workforce and productivity of the science and medicine community in the United States, reversing the progress of the past 5 decades.

Many readers may be aware that the US Supreme Court looks like it will reverse precedent set 49 years ago (when I was a 9-year-old girl) in the *Roe v Wade* decision, which ruled in a 7-2 bipartisan decision that the Constitution of the United States protects a person's liberty to choose to have a therapeutic abortion without excessive government restriction. Striking down *Roe* will allow states to ban, and even criminalize, therapeutic medical or surgical abortion services. If this eventuates, 13 of our 50 states that now have "trigger laws" will ban all therapeutic abortion services and some would even include a ban for women who were victims of rape or incest<sup>1</sup>; in some states, health care providers, or possibly patients seeking this health care, could go to jail. A similar number of states are likely to enact bans shortly after (covering more than half of states altogether). Women with financial ability may still access these services by traveling to a state where services remain legal. Among women who have therapeutic abortion, 62% are younger than age 30 years (12% are teens) and 49% live in poverty<sup>2</sup>; these women will have far less access. Thus, the ruling will profoundly worsen socioeconomic based disparities in women's health that are already prominent in the United States. The persistent racial disparity in maternal mortality affecting non-Hispanic Black women will widen; these women make up of 28% of women having therapeutic abortion and who have a 3.5-fold greater risk of dying during or after pregnancy than non-Hispanic White women.<sup>3</sup>

Only 37% of Americans agree that abortion should be illegal in all or most cases, whereas 61% agree that it should be legal in all or most cases.<sup>4</sup>

Research and Practice in Thrombosis and Haemostasis (*RPTH*) has been working since we launched in 2017 to assure equal opportunity for women in scientific publishing. By this, we aim to have a future where unconscious biases are checked, and where women, men, the transgendered and gender-fluid persons are treated equally. If rights to reproductive freedom in the United States are taken away by a minority opinion, this will reverberate through society such that women will be less able to enter the scientific or medical profession, participate effectively in our competitive research workforce, and enact agency and control over the course of their own health and lives. The situation that rings as most damaging is that a victim of rape or incest would be required to become a mother after such a horrific crime. It is difficult for most to imagine the life-long implications for these women and for all women desiring this treatment who are denied.

Our effort at *RPTH* to equalize the playing field for scientific publishing is working; at last count, after a gradual rise over the years, we met our goal for the proportion of women authors to equal the proportion of women members of our society, the International Society on Thrombosis and Haemostasis.<sup>5</sup> To achieve this, we assembled a woman-inclusive editorial team, with the current proportion of women being 42% of the editors and 69% of the editorial board. This creates a culture of inclusion and can contribute to less biased peer review. We consider author gender when inviting review articles and commentaries, discuss unconscious bias regularly at team meetings, and encourage a general goal to have at least one woman peer reviewer for every article.

To provide a snapshot of representation and to challenge the thrombosis and hemostasis community to be more inclusive, in fall 2020 we tabulated the proportion of women on editorial teams for journals in our field.<sup>6</sup> Table 1 shows those results and current tabulations. Results are flawed because they do not use self-reported gender and assume name or appearance are proxies for gender, which is not uniformly true. I applaud that 40% of journals increased their representation; all of these except *RPTH* had lower than equitable representation in 2020. The other journals stayed constant or declined, with only a few having equitable representation. Remarkably, three journals consistently had <20% women on their teams. As in

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**TABLE 1** Representation of women on journal editorial teams for thrombosis and hemostasis-related journals, 2020–2022

Journal title	Fall 2020		Spring 2022	
	% Women on editorial team	Woman editor in chief?	% Women on editorial team	Woman editor in chief?
<b>Increased representation</b>				
<i>Research and Practice in Thrombosis and Haemostasis</i>	51	Yes	55	Yes
<i>Journal of Thrombosis and Haemostasis</i>	19	No	50	No
<i>Blood</i>	37	Yes	45	Yes
<i>Arteriosclerosis, Thrombosis, and Vascular Biology</i>	25	No	39	No
<i>Journal of the American Heart Association</i>	33	No	37	No
<i>Thrombosis Research</i>	26	1 each	34	1 each
<b>Similar representation</b>				
<i>The Lancet Haematology</i>	64	Yes	62	Yes
<i>American Journal of Hematology</i>	53	No	54	No
<i>Haemophilia</i> <sup>a</sup>	32	No	34	No
<i>British Journal of Haematology</i>	23	No	23	No
<i>Thrombosis and Haemostasis</i>	18	No	19	No
<i>Journal of Thrombosis and Thrombolysis</i>	14	No	16	No
<b>Decreased representation</b>				
<i>Platelets</i>	35	No	26	No
<i>Circulation</i>	27	No	24	No
<i>European Journal of Haematology</i>	21	No	14	No

Note: Teams include editor, deputy or associate editors, and editorial board members. Within each group of longitudinal change, journals are ordered as highest to lowest current representation of women. Those shown in red have consistently poor representation of women.

<sup>a</sup>3/60 in 2022 with unknown gender.

2020, I call on journals to adopt policies for editorial teams to match the gender diversity of the readership.

My actions to assure equity as a journal editor reflect my goal to normalize the presence of women in our science and medicine community. Women's rights to control their own bodies have increased their participation in the workforce over the past 49 years. I have grave concerns about the negative impact of losing the right to reproductive health services in the United States on the ability of women, especially those who are minoritized or poor, to participate in, and enhance, our science and medicine community. We need these women in our ranks to advance health care quality and equity, and to make strides in science discovery. Whatever a person's individual decisions might be on therapeutic abortion for themselves, I respect and honor that. That said, I believe women are equal to men in all ways and should have equal ability under the law to control their own reproductive health. We are going backwards to a time when I was 9 years old and *Roe v Wade* was decided by an overwhelming majority. What will happen to our girls and women? What oppressions will come next? What will happen in other countries? Undoubtedly, young women will not have the opportunities I had. I ask you to consider these issues.

## KEYWORDS

abortion, authorship, reproductive health services, women

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